may be of benefit and that a specific vaccine could be developed. Intestinal helminths are not infrequently contracted both abroad and in this country. A new broad-spectrum anthelminthic, mebendazole, is highly effective and well tolerated, and is particularly useful against trichuriasis (whipworm).

Hepatitis A is much more frequently acquired abroad than in this country and is also more common than hepatitis B. Gamma-globulin prophylaxis should be recommended for all travelers to highly endemic hepatitis areas as this is a proven effective means of preventing or at the least greatly modifying hepatitis A. There have been no smallpox cases imported into this country in recent years and at this time the only country reporting smallpox is Ethiopia. Nonetheless, it is likely that proof of vaccination will be required for some time for entry into many foreign countries.

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Lest We Forget: Smoking Revisited

OUR READING MATERIAL, medical and otherwise, is increasingly filled with descriptions of newly recognized threats to our health. Not to detract from the importance of these, we should periodically put them in perspective by being reminded of the sheer impact of a danger which is surely the most important to be yet recognized, both because of its impact and because of its preventability.

Whatever the benefits, the costs of smoking more than one pack of cigarettes a day include, as a conservative minimum, the following:

- Huge (by factors of 8 to 12) increases in the risk from cancer of the lung, buccal cavity, pharnyx and larynx.
- Large (more than twofold) increases in the risk from cancer of the esophagus, bladder, liver and biliary tree, and pancreas.
- Increases in the risk from cancer at most other sites. Overall, the person taking up smoking probably increases his or her long-term risk (before 65) of cancer from about 12 percent to about 25 percent.
- Large (more than twofold) increases in the risk from chronic obstructive pulmonary disease,

chronic bronchitis, and peptic ulcer. The lifelong increment in risk probably amounts to at least 1 to 2 percent.

• Most important of all, large (more than twofold) increases in risk from coronary heart disease. Men who smoke cigarettes increase their long-term risk of a premature (before age 65) major coronary disease event from about 8 percent to over 25 percent.

The sum of these increases in morbidity works out to be about a 30 percent chance of an unnecessary and premature serious disease. Whatever the influence on morbidity, the coldest and hardest fact is that the increase in the probability of premature death from any cause is such that smoking entails about a 20 percent chance of premature and unnecessary death.

Moreover, the dangers of cigarette smoking are even greater for persons already finding themselves at increased risk for other reasons. For example, risk from lung cancer is not measurably increased after exposure to asbestos in nonsmokers, whereas in smokers it is astronomically high. Smoking synergistically increases the coronary heart disease risk in hypertensive patients and those with elevated blood lipids.

Although quantitation is difficult, the practice of smoking also is costly to nonsmokers. Because of the foregoing, nonsmoker's insurance premiums are increased in direct proportion to the number of their fellow citizens who smoke. Some evidence suggests that smoking is detrimental to children in utero and to nonsmokers in the vicinity of smokers. It has been estimated that smoking is the most important cause of fires in buildings and of fire casualties. Thus some of the direct and indirect costs of accident morbidity and mortality (including fire insurance premiums) must be added to the total.

No doubt the list could go on, but it need not. The smoking of cigarettes is surely a formidable contender for the prize of biggest optional detriment to the quality of American life, and that fact must not be allowed to get lost in the discussion of newly recognized dangers, whether the discussions are between physicians, or between physician and patients.

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